

PATENT

Attorney Docket No: 1502-58 (S-8510)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Robin Craig Cocker et al.

Serial No.: 10/716,771

Examiner: Chris Loiren Rodriguez

Filed: November 19, 2003

Art Unit: 3763

For: SAFETY DEVICE WITH TRIGGER MECHANISM

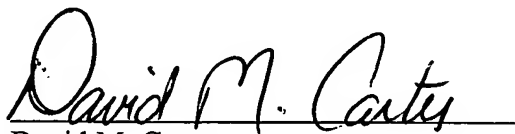
**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

Date of Deposit: August 25, 2005

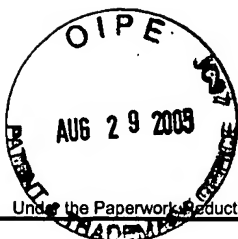
I hereby certify that the following:

- ☒ [X] Power of Attorney and Correspondence Address Indication Form (Revocation of Power) (1 page);
- ☒ [X] Statement Under 37 C.F.R. §3.73(b) (1 page); and
- ☒ [X] Return postcard.

are being deposited with the United States Postal Service as first class mail on the Date of Deposit indicated above, postpaid in an envelope addressed to the: Commissioner of Patents, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450.

  
David M. Carter

Carter, DeLuca, Farrell & Schmidt, LLP  
445 Broad Hollow Road, Suite 225  
Melville, New York 11747  
(631) 501-5700  
(631) 501-3526 (fax)



PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                                      |
|------------------------|--------------------------------------|
| Application Number     | 10/716,771                           |
| Filing Date            | November 19, 2003                    |
| First Named Inventor   | Robin Craig Cocker et al.            |
| Title                  | SAFETY DEVICE WITH TRIGGER MECHANISM |
| Art Unit               | 3763                                 |
| Examiner Name          | Chris Loiren Rodriguez               |
| Attorney Docket Number | 1502-58 (S-8510)                     |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

55825

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

631-501-5700

Fax

631-501-3526

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

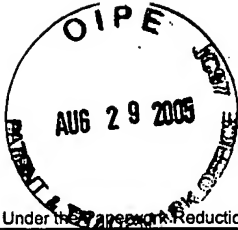
|                   |  |           |              |
|-------------------|--|-----------|--------------|
| Signature         |  | Date      | 8/15/05      |
| Name              | John H. Masterson                        | Telephone | 631-570-5700 |
| Title and Company | Vice President, Tyco Healthcare Group LP |           |              |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Robin Craig Cocker et al.Application No./Patent No.: 10/716,771 Filed/Issue Date: November 19, 2003Entitled: SAFETY DEVICE WITH TRIGGER MECHANISMTyco Healthcare Group LP

(Name of Assignee)

, a Limited Partnership

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 14058, Frame 0013, or for which a copy thereof is attached.

OR

B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Cocker; Bedford; Gale To: Scientific Generics Limited

The document was recorded in the United States Patent and Trademark Office at  
Reel 14398, Frame 830, or for which a copy thereof is attached.

2. From: Scientific Generics Limited To: Tyco Healthcare Group LP

The document was recorded in the United States Patent and Trademark Office at  
Reel 15052, Frame 460, or for which a copy thereof is attached.

3. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

John H. Masterson  
Signature

John H. Masterson

Printed or Typed Name

Vice President

Title

8/15/05  
Date

631-501-5700

Telephone Number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.